

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

**See Instructions and *Privacy
Statement On Reverse Side**

Page _____ of _____ Pages

| | | | |
|------------------------------------|---------------------|--|------------------------------------|
| CLAIMANT'S NAME Jacob Roper | | SSN or EMPLOYEE NUMBER* XXX-XX-XXXX | DEPARTMENT EO |
| POSITION Deputy Press Secretary | CB/ID No. R01 | DIVISION or BUREAU EO | INDEX NUMBER |
| RESIDENCE ADDRESS * [REDACTED] | | HEADQUARTERS ADDRESS Sacramento | TELEPHONE NUMBER (916) 445-7263 |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | CITY [REDACTED] |
| STATE [REDACTED] | | ZIP CODE [REDACTED] | |

(1) NORMAL WORK HOURS

0800-1700

(2) PRIVATE VEHICLE LICENSE NUMBER

5PPA398

(3) MILEAGE RATE CLAIMED

0.500

| (4) MONTH/YEAR Sept | | (6) LOCATION WHERE EXPENSES WERE INCURRED | (7) LODGING | (8) MEALS | | | (9) INCIDENTALS | (10) TRANSPORTATION | | | | (11) BUSINESS EXPENSE | (12) TOTAL EXPENSES FOR DAY | |
|-------------------------------|------|---|-------------|------------|-------|--|-----------------|-----------------------|------------------|-----------------------------------|---------------------|--------------------------|-----------------------------------|--------|
| (5) DATE | TIME | | | BREAK-FAST | LUNCH | O.T., L/T, N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE | | | |
| | | | | | | | | | | MILES | AMOUNT | | | |
| 22 | 0545 | Sacramento to Los Angeles | | | | | | 323.40 | | | 119.90 | 30.00 | 15.00 | 458.30 |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| (13) SUBTOTALS | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 323.40 | | | 119.90 | 30.00 | 15.00 | 458.30 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |

CLAIM TOTAL

\$458.30

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Business travel to Los Angeles Office (receipts attached)

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

10-29-10 FWD TO MARYBETH. BK